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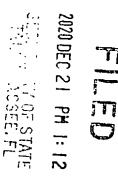
	(Requestor's Name)
	(Address)
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COVER LETTER

• • •	istration Sec sion of Corp					
	0	Carre Barafta III C		•		
SUBJECT:	Savon	Group Benefits, LLC Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspoi	ndence concerning this matter	to the following:			
			Graham Wellington			
			Name of Person			
		Sav	on Group Benefits, LLC	<u> </u>		
			Firm/Company			
			1641 NW 10th Stree	<u> </u>	2020	
			Address		2020 DEC	
Boca Raton, FL 33486-2012 City/State and Zip Code					:-: 2	
		,	-	th.net	PH _	13 B
			Wellington803@bellsou to be used for future annual r	report notification)	I I: 12	
For further in	formation co	oncerning this matter, please ca	all:			
Graha	ım Wellingto		at (_561)	901 - 7813		
	Name of	Person	Area Code	Daytime Telephone Nu	imber	
Enclosed is a	check for th	e following amount:				
ጃ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	Cert	00 Filing Fee, tificate of Status & tified Copy titional copy is enclosed)	
Mai	ling Address	s:	Stree <u>t Ad</u>	ldress:		
Reg	istration S	ection	Registra	tion Section		
DIV	ision of Co	orporations	DIVISIO	of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Savon Group Benefits, LLC

(<u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records mited Liability Company)	<u>s.</u> 1
The Articles of Organization for this Limited Liability Com	npany were filed on11/28/2018	and assigned
Florida document numberL18000273699		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
Ion Benefit Partners, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		<u> </u>
		70 20 71
Enter new mailing address, if applicable:		() (mark)
(Mailing address MAY BE A POST OFFICE BOX)		- 1
		17 C
B. If amending the registered agent and/or registered or agent and/or the new registered office address here:	ffice address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	Y.
	Flo	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Remove
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ective date, if oth effective date is liste	d, the date must be	specific and car	anot be prior to	date of filing or n	nore than 90 days			
e: If the date inser ument's effective of				le statutory film	ig requirements.	, this date v	vill not	be listed a
cord specifies a del s filed.	ayed effective da	ite, but not an	effective time	2, at 12:01 a.m.	on the earlier o	f: (b) The	90th da	y after the
	17th		2020					
edDecember			/ / \ .					
ed December	_	40-	ال) جا	() & t	A-			